

# South Bay Orthopedic and Sports Medicine - Financial Policy

Welcome to our office. Thank you for choosing us as your healthcare provider. The following is a statement of our Financial Policy, which we would like you to read and sign prior to your visit. We hope this helps answer any questions you have regarding our billing policies.

**INSURANCE:** Our office contracts with many insurance companies. Your insurance company provides you with proof of insurance, which must be presented for all services provided. If we are contracted as preferred providers with your health plan, we will bill your insurance company directly. If proof of insurance is not presented, or is not correct, your account will be considered a cash account with full payment expected at the time of service.

Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your own plan. It is especially important for you to notify us if there are restrictions regarding referrals for services to be performed by outside facilities or specialists. You may be responsible for charges from those outside providers if they are not preferred providers with your insurance company or you have not received proper pre-authorization. You will also be responsible for, "Non-Covered benefits."

**BILLING:** Please do not request our staff to change any procedure or diagnosis codes in order for your claims to be considered at a higher reimbursement rate or for covered benefits.

**CO-PAYS:** As indicated by your insurance company, your co-payment is due at the time of each visit and will be collected when you check in the office. For your convenience we accept cash, check, Visa and MasterCard.

**ACCOUNT FEES:** Past due patient balances and unpaid co-payments may incur a \$20.00 billing charge per month. A fee of \$25.00 is charged for a returned check.

**DISABILITY FORMS:** There will be a \$20.00 administrative charge to complete the physician section of disability forms.

**PATIENT INFORMATION:** You will be asked to fill out a patient information form at your initial visit and each year thereafter. In order to keep your file up to date, please inform us of any changes of information such as insurance, address and telephone number.

**MISSED APPOINTMENTS:** Unless canceled 24 hours in advance, you may be charged \$50.00 for a missed appointment. Please help us serve our patients better by keeping scheduled appointments.

**CANCELED SURGERIES:** Unless canceled 48 hours in advance, you may be charged.

**AFTER HOURS TREATMENT:** You may be charged for advice and treatment provided after regular office hours.

**BLOCKED TELEPHONE CALLS:** If a physician has difficulty returning your call because of "call blocking" on your telephone line, you may be charged \$25.00. This charge will not be covered by your insurance.

**Your signature below indicates you have read, understood and agreed to this Financial Policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_